

EXHIBIT B

AUTOMATED CLAIMS SUBMISSION

AUTOMATED CLAIM SUBMISSION

General Information

To speed processing of Drug Medi-Cal (DMC) claims, the Department of Alcohol and Drug Programs (ADP) will accept claims submitted on tape or diskette. If a county/direct contract provider chooses to submit their claims electronically they must follow the prescribed instructions, claim layout and tape/disk specifications (see the following pages).

The Department also has developed a Paradox 9 Runtime Disk System for counties/direct contract providers to use for the submission of their DMC claims. Computer hardware and software specifications can be found in ADP Bulletin 00-08.

Claims submitted via a Paradox diskette must be submitted on the Paradox 9 Runtime Disk System version.

This Paradox 9 Runtime Disk System is free of charge and may be requested by e-mail at DMCINV@ADP.state.ca.us, or call ADP's HOTLINE at (916) 324-3874, or you may also contact your assigned Fiscal Management and Accountability Branch analyst.

All claims submitted must be in the Y2K format. For more information regarding the Y2K record format, see ADP Bulletin 00-08.

The Department has started a program of electronic e-mail of DMC claims, which is called The AOD InfoNet Project. Additional information regarding this process can be found in this Exhibit B.

INSTRUCTIONS FOR DRUG MEDI-CAL CLAIMING BY DISK (non-Paradox) AND MAGNETIC TAPE

I. General Instructions

A. Specifications - Disk/Tape

1. Disk Specifications

- a. Types acceptable: See Page B-6.
- b. Diskettes will have an ADP external label affixed. For the required label format see Page B-7.

2. Tape Specifications

- a. Types acceptable: See Page B-6.
- b. Designate on external label if tape is labeled or unlabeled.
- c. Tapes will have an ADP external label affixed. For the required label format see Page B-8.

B. Format Descriptions - Disk/Tape

The DMC Disk/Tape Format Field Descriptions are identified starting on Page B-10.

C. Claim ID - Disk/Tape

The Claim ID begins each billing record in the billing file, providing the means to individually address each claim line for purposes of tracking payments, error corrections and/or audits.

D. Provider Claim Consolidation on Disk/Tape

When supplemental claims for providers that need to be submitted by the counties, it is requested that these provider supplemental claims be consolidated onto a single claim, REMEMBER TO SEPARATE BY MONTH. This process will eliminate numerous supplemental claims submitted by the county on behalf of the providers. ADP is requesting that no more than two supplemental claims be submitted in a month. A separate tape or disk from individual providers will not be accepted unless there are circumstances beyond the control of the provider and the county/provider gets permission from their state analyst to submit a tape/disk from an individual provider.

E. Combination Claiming - Disk/Tape/Hardcopy

ADP's goal is that all counties and providers submit claims on electronic media. However, counties may be approved to submit billing data using more than one reporting medium. The following instructions apply if more than one reporting medium is used:

Each combination claim submitted by a county must be accompanied by an original of ADP 1592, **Drug Medi-Cal Monthly Summary Invoice**, which recaps the charges associated with the client services reported for that particular claim month. All mediums for that **Claim For Month** will be listed on the same ADP 1592.

F. Intermingling Months of Service - Disk/Tape – NOT ALLOWED

Intermingling months of service is **NOT ALLOWED** on the monthly claim. This will assist with the reconciliations of claims. Under no circumstances should a service provided in one fiscal year be billed on a claim for another fiscal year. If the month of service on the claim is more than 30 days after the end of the month of service, the claim line will require a **Good Cause code**.

G. Billing Limitations

All DMC claims submitted on tape or disk must be accompanied by a copy of the data on the disk/tape. ADP's FMAB must receive both disk/tape submissions within 30 days after the end of the month of service. Programs 20 and 25 and CalWORKs claims must be reported on separate DMC Monthly Summary Invoice (ADP 1592). The **Service Function Codes** must be separated on all claims no matter what the media.

If claims are submitted late (exceeds the DHS imposed 60-day billing limitation), a Good Cause code must be identified on the claim. Refer to Section 8 of this manual for the specific Good Cause code reasons.

H. Prior Fiscal Year Supplemental Claims

Previous fiscal year claims, which qualify for reimbursement with Good Cause reasons, must be billed on a separate tape or disk and identified as a prior year Supplemental. For example, if a claim is identified for services rendered in April, May and June 1994 and are determined to be eligible for reimbursement in September 1994, the county must bill such services on separate supplemental claims by month as well as separate ADP 1592. The supplemental box should be checked on the top of the ADP 1592. Claims submitted that are 15 months or older will not be accepted unless special circumstances occur as determined by ADP.

I. Claim Documentation

For audit purposes, counties must maintain at the county-level a hardcopy document supporting DMC charges submitted along with the disk or tape. This hardcopy document can be a copy of the ADP 1584, but there has to be a **hardcopy** document for ADP, DHS, and federal use. Such supporting documents must be retained for three years after the close of the fiscal year or until such time as the audit has been settled for the fiscal year.

Additionally, disk or tape-submitting providers must sign a copy of the statement presented in the ADP 1584 and forward it to the County Alcohol/Drug Program Administrator for retention in the County. Copies maintained by the county for audit purposes for tape or disk-submitting providers will satisfy the intent of the Eligibility Certification if the facsimiles contain the proper certification language and are signed. **DO NOT SEND TO ADP WITH CLAIMS.**

J. Back-up Copies - Disk/Tape

Counties should retain back-up copies of tapes and disks to facilitate resubmission, in the event of loss, destruction, or unacceptability of the original submission of tape or disk. Such back-up copies should be retained at least until the processed tape or disk has been returned to the county by ADP; however, ADP recommends that the tape or disk be retained until all billing records are reconciled to approved and denied service reports.

K. Acceptance Testing

Prior to submission of actual DMC claims by **tape or disk**, the county must submit test data for acceptance testing by ADP as described in the instructions. If the county modifies its claim processing program, subsequent to such qualification, ADP reserves the right to require a county to re-test and re-qualify for tape/disk submission.

II. Test Data Submission Instructions - Disk/Tape

A county that intends to convert to the submission of DMC claims by diskette or magnetic tape must successfully complete a test stage. Following is the information for submission of test data disk(s) or tapes:

- A. The disk/tape must conform to the specifications described under General Instructions.
- B. The disk/tape must comply with the format description and record layout described starting on Page B-10. The disk/tape label must be completely filled out and adhered to the disk/tape.

- C. The disk/tape must contain a minimum of 50 and up to 100 complete claim lines per disk/tape for test qualifications.
- D. During the test phase, send the disk/tape directly to:

Department of Alcohol and Drug Programs
Fiscal Management and Accountability Branch
1700 K Street, Fourth Floor
Sacramento, CA 95814-4037

Clearly identify the tape or diskette as a test data set.

- E. After acceptance testing is completed, a letter will be sent to the county informing the county of the results of the test process.
 - 1. If no errors are detected, ADP will provide written approval to begin submitting ADP 1584 data on disk/tape at your earliest convenience.
 - 2. If errors are detected, ADP will request that you note the error(s) identified and adjust your programs to make the necessary corrections. These errors **MUST** be corrected and another test disk/tape submitted before you receive approval to submit **live** ADP 1584 data on disk/tape.

Please allow two weeks from receipt for processing and return of test disk/tape.

III. Claim Data Submission Instructions - Disk/Tape

When approval has been granted, the county will submit **live** data on an ongoing basis. The production disks/tapes are to be sent to:

Department of Alcohol and Drug Programs
Fiscal Management and Accountability Branch
1700 K Street, Fourth Floor
Sacramento, CA 95814-4037

Once a county is considered on-line (submitting live data), all questions concerning data and disk/tape will be directed to the appropriate Alcohol and Drug Program Analyst in the Fiscal Management and Accountability Branch. Please allow up to 30 days for processing and return of claim data.

DMC Disk/Tape Computer Specifications

I. Reel Tape

A.	Definition	IBM format 9-track tape with No Label
B.	File Formats	ASCII or EBCDIC flat file
C.	Tape Density	1600/6250 bits per inch (BPI) preferred
D.	File logical record length (LRECL)	157
E.	Block Size (BLKSIZE)	3000
F.	Record Format (RECFM)	FB (Fixed Block)

II. Personal Computer Diskette

A.	Definition	IBM formatted Personal Computer diskettes
B.	File Formats	ASCII flat file
C.	DOS Format version	PC or MS-DOS 3.0 or higher
D.	Size	3.5 inch
E.	Density	high density

Note: If data file is too large for a single disk, use DOS 3.0 (or higher) Backup Utility.

DMC DISK LABEL INSTRUCTIONS

When submitting a diskette claim, please be sure that the label information is completed as follows:

DRUG MEDI-CAL

Disk_____ of _____ Program Code(s):_____
County of _____ County Code:_____
Claim Period _____ Year _____
Total Dollars:_____ Tot.Records_____
Type: Orig.____ Resub.____ Suppl.____ CalWORKS:____
File Name:_____
Contact Name:_____
Contact Phone #:_____
Direct Contract Provider #:_____

Disk_____ of _____	Code the disk and total number of disks being submitted
Program Code:	Program 20 or Program 25
County of	The name of the County
County Code:	The two-digit county number
Claim Period	The month and year (CC/YY/MM) for which the claim is being submitted
Total Dollars	The total dollars being submitted
Total Records	The total number of lines being submitted (not UOS)
Type	Check the type of claim being submitted: Original, Resubmission, Submission, or CalWORKS
File Name	If the file has a file name
Contact Name	The name of the person to contact for information regarding the disk
Contact Phone #	The telephone number of the contact person
Direct Contract Provider	The four digit number assigned to the direct contract provider

DMC TAPE LABEL INSTRUCTIONS

DRUG/MEDI-CAL REEL____ OF ____ PROGRAM CODE: 20 25 Both
COUNTY OF _____ COUNTY CODE _____
CLAIM PERIOD _____ YEAR _____
TOTAL DOLLARS \$ _____ TOTAL RECORDS _____
TAPE TYPE: ORIG____ RESUB ____ SUPPL _____ CalWORKS _____
BPI _____ LABELED: YES / NO
EBCDIC _____ ASCII _____
CONTACT NAME: _____
CONTACT PHONE #: _____
DIRECT CONTRACT PROVIDER #: _____

Reel # __ Of __	The reel and total number of reels being submitted
Program Code	Circle the Program Code that applies 20, 25 or both
County of _____	The name of the county
County Code _____	The two digit number of the county
Claim Period	The month/year (CC/YY/MM) for which the claim is being submitted
Total Dollars	The total dollars being submitted
Total Records	The total number of lines being submitted (not UOS)
Tape Type	Check the type of submission on the tape: original, resubmission, supplemental, or CalWORKs
BPI	(Bits per inch) check one of the following: 6250, 1600, 800

Labeled	Determine if the tape is labeled, then circle one of the following yes (the tape is labeled) or no (the tape is not labeled)
EBCDIC/ASCII	Determine if the tape is in EBCDIC or ASCII format, then place an X next to the appropriate format
Contact Name	The name of the person to contact if more information is needed to process the tape
Contact Phone Number	The telephone number of the contact person
Direct Provider Contract Number	The four digit number assigned to the direct contract provider

PLEASE NOTE: ALL LABEL INFORMATION MUST BE COMPLETE AND ACCURATE – IF NOT, THIS WILL DELAY PROCESSING THE CLAIMS

Submission Instructions:

Please include in your disk/tape submission package:

- A disk/tape containing the claim submission with the appropriate label information.
- A printout of the claim from the disk/tape.
- An original "Drug Medi-Cal Monthly Summary Invoice" (ADP 1592) with two original signatures and the legible name and phone of the contact person.

The information on the disk/tape label and the claim printout must agree or the claim will reject. The claim printout must have the total dollars and the total units of service by provider, program code and service function code. If any of the above listed items are missing or incomplete, the claim will be sent back to the county/direct contract provider for correction and resubmission.

DMC RECORD LAYOUT FORMAT AND DESCRIPTIONS

<u>DISK/TAPE POSITION</u>	<u>FIELD NAME</u>	<u>FIELD CONTENT</u>
<u>Claim ID Information</u>		
1-1	Claim Type	A - Disk or tape claim. D - Paper Claim or Paradox Runtime Claim.
2-5	Provider Code	Alphanumeric 4 digit code assigned to provider by ADP.
6-10	Serial Number	5 digit sequentially changing number within each provider code (each provider code has its own series).
<u>Provider Code Information</u>		
11-14	Provider Code	Alphanumeric 4 digit code assigned to provider by ADP. Must be non-blank.
<u>Claim For Information</u>		
15-16	CC	Numeric 20 - 99
17-18	YY	Numeric 00 - 99
19-20	MM	Numeric 01 - 12
<u>Other Program and Client Information</u>		
21-22	Program Code	20 - Alcohol and Drug 25 - Perinatal Services.
23-24	Mode of Service	Numeric code authorized for provider. Valid codes: 17 - clinic services 12 - outpatient hospital
25-38	Patient Name	Alphanumeric, blanks, hyphens, and periods. Code last name first; then first initial (left justified and alphanumeric).
39-47	Patient Record #	Alphanumeric

<u>DISK/TAPE POSITION</u>	<u>FIELD NAME</u>	<u>FIELD CONTENT</u>
48-61	Beneficiary ID	Beneficiary identification number as shown on the Medi-Cal swipe card (less the last digit) or SSN - Left justified with trailing blank. DO NOT ENTER DASHES WITHIN THE SSN.
62-65	Year of Birth	Numeric (CCYY) (for example 2000 would be coded as 2000)
66-66	Sex	Codes: M = Male F = Female U = Unknown Blank = Unknown
67-67	Race/Ethnicity	Numeric Codes: 1 = White 2 = Hispanic 3 = Black 4 = Asian/Pacific 5 = American Indian or Alaskan Native 6 = Filipino 7 = Other
68-72	DSM III/IV Diagnostic Code	5 digits required. Codes are defined in the American Psychiatric Diagnostic Service Manual IV. DSM III codes can also be used.

Service Time Information

73-74	Century (CC)	Numeric 20-99
75-76	Year (YY)	Numeric 00-99
77-78	Month (MM)	Numeric 01-12

Service Date Information

79-80	First	Numeric 01-31 Identifies the first day the treatment service was provided.
81-82	Last	Numeric 01-31 Identifies the last day the treatment was provided.

For **NTP Methadone Dosing**, the first and last service days can be consecutive when there is no break in service. For **all other** treatment services and components, the beginning date and the ending date must be the same.

DISK/TAPE**POSITION FIELD NAME****FIELD CONTENT**Other Service Information

83 Discharged

Numeric 1 or blank. 1 indicates client has been formally discharged from treatment and the case is closed during the month of service.

84-85 Service Function
Code

Numeric 2 digit code:

20-21 - NTP Methadone Dose
 22 - NTP Methadone Dose SACPA Clients
 23-24 - NTP LAAM Dose
 25 - NTP LAAM Dose SACPA Clients
 26 - NTP Individual Counseling
 27 - NTP Individual Counseling SACPA Clients
 28 - NTP Group Counseling
 29 - NTP Group Counseling SACPA Clients
 30-38 - Day Care Rehabilitative
 39 - Day Care Rehabilitative SACPA Clients
 40-48 - Perinatal Residential
 49 - Perinatal Residential SACPA Clients
 50-58 - Naltrexone
 59 - Naltrexone SACPA Clients
 80-83 - ODF Individual Counseling
 84 - ODF Individual Counseling SACPA Clients
 85-88 - ODF Group Counseling
 89 - ODF Group Counseling SACPA Clients

86-89 Units of Time

Blank or zero filled for Drug Medi-Cal

90-92 Units of Service

Numeric, greater than zero (000) -- No fractional units

93-100 Total Billed
(Claimed)
Amount

Numeric and greater than zero. Total amount billed for the beneficiary. Dollars and cents, right justified with leading zeros, no decimal

101-101 Late Billing
Override
(Good Cause)

A - Failure of client or legal representative, due to mental incapacity, to present identification as a medi-cal beneficiary,

B - Billing involving other coverage, including but not limited to medi-care, Kaiser, Ross-Loos, or Champus

C - Circumstances beyond the control of the Local program/provider regarding delay or error in certification of medi-cal eligibility by the state or county

**DISK/TAPE
POSITION**

FIELD NAME

FIELD CONTENT

D - Damage to or destruction of the provider's business office or records by a natural disaster, including: fire, flood, or earthquake or circumstances involving such a disaster which have substantially interfered with processing of bills in a timely manner: or theft, sabotage, or other deliberate, willful acts by an employee; or

Other circumstances that are clearly beyond the control of the provider that have been reported to the appropriate law enforcement or fire agency when applicable.

E - Special circumstances that cause a billing delay; such as a decision or a fair hearing decision court.

F - Initiation of legal proceedings to obtain payment of a liable third party Pursuant to Section 14115 of the Welfare And Institutions Code.

Blank - DO NOT OVERRIDE LATE BILLING EDIT

102-102 Duplicate Override Y - Override duplicate billing edit

Blank - DO NOT OVERRIDE DUPLICATE BILLING EDIT

Fields Not Used by ADP for DMC Billing

103-104 Century Numeric 20 - 99

105-106 Year Numeric 00 - 99

107-108 Month Numeric 01 - 12

109-110 Day Numeric 01 - 31

111-125 County Use Field

<u>DISK/TAPE POSITION</u>	<u>FIELD NAME</u>	<u>FIELD CONTENT</u>
126-126	Crossover Indicator	Character to indicate status of medicare and other third party billing Blank - No medicare or other health coverage H - Provider is not medicare certified N - Medicare covered recipient, however, medicare denied the claim or the claim is for services that medicare does not cover P - Other health coverage X - Medicare coverage
127-134	Total Service Charge	Numeric and greater than zero, dollars and cents, right justified, leading zeros and no decimal, representing the total cost for the service to the beneficiary.
135-142	Medicare/Other Health Care Coverage Amount	Numeric, zero filled or- dollars and cents, right justified with leading zeros and no decimal, representing the amount collected from medicare or other health care coverage.

Counselor Indicator - Field **Used by ADP** for DMC Billing

143-147	Counselor Indicator	Alpha or numeric, if using three alpha character initials left justify leave fields 146-147 blank; otherwise use the 5 digit numeric indicator.
---------	---------------------	--

Fields Not **Used by ADP** for DMC Billing

148-157	State Use	Blank filled, reserved for state use.
---------	-----------	---------------------------------------